	ired to re	respond to a collection of information unless it displays a valid OMB control number						
	e on 12/08/2004. ed Appropriations Act, 2005 (H.R. 4818).		4818).	A I' 4' A l		10/590,970		Conf. No.: 5666
FEE TRANSMITTAL			7 tpp://dx.ii				Com. No.: 5000	
					August 29, 2006			
For FY 2009						Tsuyoshi NISHIOKA		
Applicant claims small entity status. See 37 CFR 1.27						R. BAUM		
				711 01111		2439		
TOTAL AMOUNT OF PAYM	IENT (\$)	180.00		Attorney Docker	t No.	0054-0323	PUS1	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES S Small Entity		SEAR	CH FEES Small Entity	EXA	MINATION <u>Small</u>		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		<u>Fee</u>		(\$)	Fees Paid (\$)
Utility	330	165	540	270	220) 11	0	***************************************
Design	220	110	100	50	140	7	0	
Plant	220	110	330	165	170	8 (5	
Reissue	330	165	540	270	650	32	5	
Provisional	220	110	0	0	(O	0	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues)							52	<u>Fee (\$)</u> 26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
Total Claims								endent Claims
20 or HP = _ HP = highest number of total or	0 laims paid for	_ X . if greater than 20.	='	0.00		Ē	ee (\$)	Fee Paid (\$)
<u>Indep. Claims</u>	Extra Claim			Paid (\$)				
		_X		0.00				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 IJS C 41(a)(1)(G) and 37 CFR 1.16(c)								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = 0 (round up to a whole number) x = 0.00								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): Information Disclosure Statement 180.00								
SUBMITTED BY								
Signature Registration No. 29680 Telephone 703-205-8000								
Name (Print/Type) Michael K. Mutter							Date Nove	ember 5. 2010
lame (Print/Type) Michael K. Mutter Date November 5, 2010								

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.